

THE
MEDICAL AND SURGICAL REPORTER.

No. 726.]

PHILADELPHIA, JANUARY 28, 1871.

[Vol. XXIV.—No 4.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

FATTY DEGENERATION OF THE
HEART—ANGINA PECTORIS.

By RALPH S. GOODWIN, M. D.,

Of Thomaston, Conn.

It happens not unfrequently that during the inhalation of chloroform, before very much of the anæsthetic has been administered, the patient suddenly is dead, and all efforts at resuscitation are vain. The autopsy shows fatty degeneration of the heart. So difficult is the diagnosis of this fatal condition, that a faithful inquiry into the previous history of the case, as well as a thorough auscultation before giving chloroform, may have failed to detect any cardiac lesion. So, too, during the career of a slow fever or of any acute inflammatory disease, producing *per se* only moderate exhaustion, the patient may die from this affection, leaving the friends and physician astounded and wholly unable to account for the sudden disaster. The clinical history and diagnosis of this disease are so obscure that the physician may be unreasonably censured by thoughtless and prejudiced persons, for lack of skill and for prognosticating speedy recovery when death was so near at hand. The best answer to such unjust imputations is the revelation which the post-mortem examination is sure to make. Death, however, will rarely occur in such cases without some preliminary warning. A train of premonitory symptoms, slight though they may seem, will lead the close and thoughtful student to suspect this lesion, which is a very grave complication in any disease that we may be called upon to treat. The truth of these remarks is illustrated by the following case:

Mr. H., æt. 50, weight 160 lbs., of good habits and health, slightly inclining to obesity, was taken sick Oct. 17th, 1870. I was called to see him for the first time on Oct. 18th. He stated that he was *bilious* and wanted *physic*. I at once recognized his case as one of remittent fever, similar in all respects to many others of a malarial origin which I have seen and treated during the past season. The symptoms of his case from that day till Oct. 30th, were only those which usually accompany fever of a remittent type, viz: Daily exacerbations, slight chills, dry and furred tongue, etc. The pulse ranged from 75 to 100, with no intermissions nor great feebleness. The appetite was gone, the urine highly colored and somewhat suppressed. There was no delirium nor diarrhœa. The strength of the patient was not unusually exhausted, he being able to sit up for a few minutes each day. On the 30th he was seized with pain of a neuralgic character, in the hypochondriac region, on both sides of the chest, and radiating in various directions. This pain occurred in paroxysms upon any slight change of position in bed, and was accompanied by considerable dyspnœa, with mental depression and a fear of impending death. I made repeated examinations of the heart, but could detect no abnormal condition, except diminished intensity of the first sound heard over the apex. The rhythm was perfect and the rate about 80 per minute. These paroxysms of *angina pectoris* occurred at intervals of variable length, and gradually decreasing in frequency until Nov. 4th, when they disappeared altogether. They were regarded, in the absence of any discoverable heart lesions, as of no very grave significance. The patient's strength and appetite now seemed to improve. The pulse fell to 70 and was not very notably weak. The tongue became clear and moist,

the mental depression was gone, and a speedy convalescence was looked for by all.

The patient now had no dyspnoea, and complained of nothing except coldness of the extremities. His condition seemed to improve slowly till the 9th, when he died suddenly, in great pain, with only a few minutes' warning.

In the treatment of the case, the only remedies used throughout, were quinine, carbonate of ammonia, opium and whisky. At the time of his death he was taking two grains of quinine every eight hours, and a few ounces of whisky daily.

An autopsy being requested, was readily granted, and 30 hours after death, assisted by my friends Drs. SALISBURY and WOODRUFF, I proceeded to make the examination, with the following results:

Rigor mortis was well marked. There was no perceptible emaciation, but there were abundant deposits of fat in the walls of the abdomen and chest. The bowels were in a perfectly natural state. The lungs were normal. There was no unnatural effusion in the pericardium; the heart was not ruptured. The liver was normal—kidneys not examined. On removing the heart, its muscular tissue was found to be extensively degenerated. The right auricle and ventricle were one mass of fat. The muscle at the apex of the right ventricle had only the thickness of coarse paper and was only a little thicker at the base. The degeneration had commenced also in the left ventricle, but had not proceeded to so great an extent. The muscle was of a pale yellowish color and broke down easily under the finger. The cavity of the heart was empty and all its valves were perfect. The weight was barely nine ounces. Microscopical examination of the muscular fibres revealed oil globules and obliteration of the transverse striæ.

The post-mortem appearances in this case seem to indicate—

1st. That the *right* side of the heart may be the principal seat of this lesion, while the left ventricle, the part usually most affected, may remain so far unimpaired as to keep up the general circulation with tolerable regularity and force till the last moment of life.

2d. That death may take place in this disease not from rupture, nor from paralysis, occasioned by over distension of the cavity by blood, but simply from *sudden and total loss of contractile power*.

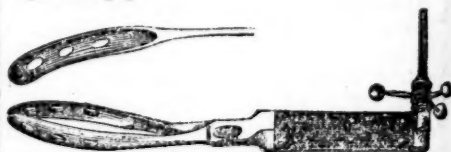
We may be admonished to be guarded in our prognosis when during the career of any exhausting disease in aged persons, symptoms of notable deficiency of heart power are detected, even though no diagnosis can be made of any cardiac lesion.

DESCRIPTION OF A NEW CEPHALOTRIBE.

By F. H. GETCHELL, M. D.,

Clinical Lecturer on the Diseases of Women and Children, to the Jefferson Medical College.

The subject has already received so much attention, that it is unnecessary for me to offer any extended remarks upon the advantages of the Cephalotribe over other instruments, in the operation for craniotomy. I only desire to describe and call the attention of obstetricians to a new instrument for the operation of cephalotripsy.



The instrument here represented, weighs two and a half pounds. The length of the blades or cephalic portion is six and a half inches by one inch and a half wide. The exterior of the blade is convex, while the interior is concave; the ends are rounded, and are in contact when the instrument is closed.

The blades are perforated with three oval fenestræ, three-fourths of an inch in length, and five lines in width, the outer edges of which are rounded, while the inner are left fair. As the head is compressed it indents itself within the fenestræ and effectually prevents the instrument from slipping when traction is made. The shanks are two and a half inches long and diverge from the lock; the length from the end of blade to the lock is nine inches. The lock is a combination of the broad button and the screw of the long obstetric forceps—while the screw can be removed the shoulder, or button, prevents any twisting of the blades when powerful compression is made. The length from the lock to the end of the handles is seven and a half inches, making the entire length of the instrument sixteen and a half inches, which is about the length of the long obstetric forceps.

The handles are strengthened by thin pieces of ebony on each side. The screw, which is the same as that in Hodge's compressor crani, is attached to the end of the left handle. It is four and a half inches long. has three projecting handles, and by the means of these levers an immense power is obtained, far more than is ever requisite to crush the head. On account of the narrowness of the blades, the instrument can be applied when it would be impossible to put on the obstetric forceps. The advantages claimed for this cephalotribe are its small size, light weight, and the fact that the fenestræ in the blades prevent it from slipping while being used as a tractor, after the head is crushed. The principle objection to cephalotribes has not been that they failed to reduce the size of the head, but after having crushed it, that they slipped off when an attempt was made to use them as tractors. To obviate this, some instruments have the ends of the blades hooked, others have a row of teeth on the inside of each blade; but contrivances of this kind render it difficult to introduce and adjust the instrument, which is, no doubt, one reason why the cephalotribe is not more generally used.

The fenestræ in this instrument slightly decrease the weight, interfere in no way with its application, and enable the operator to make the strongest tractive efforts without danger of its slipping.

A CASE IN SURGERY A HUNDRED YEARS AGO.

[The following interesting case is reported to us by the venerable Dr. EBENEZER ALDEN, of Randolph, Mass. The notes were furnished to him by the widow of Dr. BAKER:]

John Stetson, aged thirty-eight, farmer, also accustomed to slaughter cattle, July 19, 1768, in a paroxysm of insanity secreted himself in a lonely place near a swamp, and with a butcher knife made a cesarean section of his own body, ripping himself open from sternum to pubis. As soon as the deed was done, he came to himself, but could not make his cries for assistance heard. He rolled himself about among the leaves in agony; making also fruitless efforts to reach a neighboring spring, crawling upon the ground and dragging his bowels after him. At length he became exhausted and probably fainted, and thus the

bleeding was staunch; so he remained during the night.

In the morning he was found, and life not being extinct, he was placed upon a straw bed and that upon a bier procured from the burying ground, and so conveyed to his house.

Dr. Moses Baker was in attendance, and first bathed the protruding bowels in warm milk and water, carefully cleansing them from the dirt and leaves with which they were covered. He then carefully replaced them within the cavity of the abdomen securing them with sutures, compresses and a bandage. Dr. B. watched over his patient with intense assiduity, making very frequent visits. By his request Dr. Joseph Warren, a distinguished surgeon, who afterwards fell in the service of his country at the memorable battle of Bunker Hill, saw the case, but made no change in the dressings, kindly saying that he could not have dressed the wound more skillfully himself.

On examining the account books of Dr. Baker now in my possession, I find the last charge for attendance and dressing was on the twenty-fourth day of August, thirty-six days after the injury. On the twenty-sixth there was a charge "for salve," when it is to be presumed the wound was so nearly healed as to need no further surgical attendance. The recovery was perfect, and the patient was able to labor in the same manner as he had done before the injury. He lived afterwards forty-three years until 1811, when he died at the age of eighty-one.

HOSPITAL REPORTS.

PHILADELPHIA HOSPITAL.

Wednesday, Dec. 21, 1870.

Surgical Clinic of JOHN H. BRINTON, M. D.,
Lecturer on Operative Surgery in the Jefferson Medical College; one of the Surgeons to the Philadelphia Hospital; and Surgeon to the St. Joseph's Hospital, etc.

[REPORTED WITH NOTES, ETC., BY RALPH M. TOWNSEND, M. D.]

GENTLEMEN: The first case I exhibit to you this morning is one which you will probably recollect. Two or three weeks ago I brought this man before you; he was then suffering from an extensive ulceration of the lower tarsal cartilage, the result, probably of syphilis. In your presence I cauterized this ulcer freely with the solid nitrate of silver, neutralizing the excess of nitrate with a strong solution of common salt, a process which I advise you al-

ways to adopt in applying this powerful agent to the eye. You see now the result. That deep ulcer has granulated to the surface, and the eye-lid is well. The after treatment in this case was simply an emollient application to the eye, and a general constitutional care of his syphilis.

Let me next ask your attention for a moment, to this case of inflammation of the knee joint, which has already been before you two or three times. Notice the result. The pain and effusion have disappeared, the puffiness has gone, and as far as the acute attack is concerned, the boy is well. The knee is, to a certain extent, tolerant of motion. His general condition is greatly improved, his restlessness anxiety and fever have all faded, and his appetite has returned. He is now on tonic and supporting treatment. I still keep his leg in a Stromeyer's splint, so that the extension may be increased each day by a turn of the screw.

Let me beg of you, gentlemen, to remember this case, and to fix indelibly in your minds the virtue of this treatment of articular inflammations by the bag of ice. This case passing under your own eyes, is worth more to you than any mere words of mine, or many paragraphs of cold, hard type. For as old Ambrose Paré wrote long ago, "neither the reading of books nor the daily hearing of teachers, can so vividly express anything as that which is subjected to the faithful eyes and senses."

Chronic Rheumatic Arthritis.

I will now bring before you a man suffering from a disease of which we see a good deal in this hospital. His history is the following: he is 55 years of age, and during the last five or six years has been liable to repeated attacks of rheumatism, occurring especially after an exposure, and in the winter. These attacks have increased in frequency and duration, and have left him in his present condition. Look at him, he can scarcely walk; he swings his arms with difficulty, and he has lost all motion of both wrist joints, and of most of his fingers. When I take hold of his hands and attempt to move them, I find I cannot—not only do my attempts produce great pain, but I find that there is an absolute local hindrance to motion. These joints are in a condition of false or incomplete ankylosis. You know that we speak of two forms of ankylosis: *First*, false, incomplete or partial ankylosis, where the impediment to movement depends upon induration of the capsule of a joint, or upon fibrous formations in and around it; and *secondly*, complete or bony, or osseous ankylosis, where the articular surfaces are soldered, more or less perfectly by bone deposits. The latter is in some respects the more formidable variety of the two, and requires for its relief frequently, operations of great gravity.

Regarding the condition of the patient before

you, and observing his absolute helplessness, you will naturally inquire as to the character of his disease. Chronic rheumatic arthritis is doubtless an affection as old as surgery; nevertheless, it is one which had not been fully described, until a comparatively recent date. It has been especially studied by Mr. ADAMS, and Mr. ROBERT SMITH, of Dublin, and, indeed, it is to these gentlemen that we owe the distinctive name of the disease, and the knowledge of some of its peculiarities. It is an affection which is met with, as a rule, only in persons who have passed middle life, and it is stated to be more common in men than women—an assertion, which my own experience would scarcely confirm. It is not, however, common in the upper classes of life, and would seem almost to be confined to the lower classes, to those who are badly housed, badly fed, who are uncleanly in their habits, and whose life is not of the purest.

The essential characteristics of rheumatic arthritis are structural changes exterior, and also internal to the joint. Possibly the disease may originate as a subacute synovitis, or a subacute inflammation of the tendinous sheaths and fibrous structures outside of the joint. Of that I can not speak positively, but this I know, that generally its development is tedious and slow, and that at first, there is not much pain; but as the affection progresses, as the induration develops, we are apt to have effusions taking place in and around the joints, and as a result, suffering. The sheaths of the tendons become thickened, the tendons themselves cease to play in their proper grooves, and the heads of the bones become altered in shape. In some instances they are thinned and in others increased in size and covered with incrustations of new bone. The articular surfaces too, undergo most curious transformations.

The encrusting cartilage gradually becomes thinner and thinner; wears away, as it were, but the bone beneath does not necessarily necrose; on the contrary it often becomes of great hardness and presents a smooth and polished appearance, as of ivory or porcelain. This process is sometimes spoken of as porphyzation, and in one specimen in my cabinet, of a knee joint which has undergone this change, the articular surfaces of both tibia and femur are as hard and glistening as if they had been polished on a wheel.

But, to return to our patient. Can we do anything for him? Can we restore to his wrists motion, be it ever so slight; motion sufficient to enable him feed himself and take the ordinary care of his person? You see, his wrist joints are not only in a state of rigidity, but in one of rigid flexion. I have already, in a previous lecture, explained to you how it is that the flexor overpower the extensor muscles, and here you see a confirmation of what I then told you.

In this case, I shall have the man etherized, and shall then with the greatest gentleness, endeavor to break up these adhesions. I shall not do this roughly. I shall use no more force than is absolutely necessary. My object is to overcome the mischief which has already been done, rather than to bring about fresh trouble by unnecessary displays of force. Gentlemen, I beg that you will ever remember that you must always treat diseased joints tenderly. Force applied to them greater than is really necessary, savors of brutality and ignorance, rather than of the skill of an adroit and conscientious surgeon. I shall break up these adhesions without uncalled for violence. I shall then put the forearm and hand in splints, cover the wrists with laudanum and water, and from day to day make passive motion, so as to keep what I have gained. If necessary I shall repeat this operation from time to time, always placing the patient under ether, and giving him, as soon as he shall have emerged from his anæsthetic state a full dose of morphia and quinine.

[Patient etherized, and adhesions broken by gentle and repeated movement of the wrists.—R. M. T.]

Grafting in Ulcers.

I wish next, gentlemen, to make trial before you of a novel procedure, which is now largely attracting the attention of surgeons. I allude to the transplantation of healthy skin to the surfaces of granulating ulcers. This process, of French origin or device, has been extensively practised in England, by Mr. Pollock, of St. George's Hospital, Mr. Dobson, of Bristol, and others. In some cases the results have been satisfactory, the little grafts of skin placed on the surfaces of ulcers forming their adhesions to the granulations beneath, becoming vitalized, and serving as so many fresh centres of cicatrization. In other instances the grafts have failed to adhere, have died, and the results have been negative.

Now I will try this process on two patients, both of them men past middle life, and both of them having, upon their legs, large ulcers. In one case the ulcers are indolent, in the other the surfaces of the sores are tolerably fresh and granulating. The latter case undoubtedly promises best for the success of our experiment.

In transplanting the skin, I will adopt the process of Mr. Dobson, thus: I raise up a fold of skin on the inside of the arm, and with a pair of scissors I nip out a portion of the size of a pea of the whole thickness of the skin, being careful to avoid including any of the superficial fascia. This piece of skin I now place on my nail, and, with a sharp knife and by the assistance of my colleague, Dr. Pancoast, carefully cut into four or five pieces. Each one of these I then place upon the surface of the ulcer, having first made a bed for it in the mass of granu-

lations with the handle of my knife. You see I wait until the bleeding, consequent upon this last manœuvre, has ceased, so that my little graft may not be washed away. Having placed all of these grafts in position, I then cover each one separately with a strip of isinglass plaster. This will retain it in situ, and at the same time allow me to watch the daily changes which may occur.

I will now in like manner place grafts, taken from the patient's own arm, upon the indolent ulcer, the surface of which I shall first make raw. You see that the grafts I have transplanted are, in both instances, very small; some difference of opinion exists as to this point. Most English surgeons, who practice this procedure, take them of the size I have shown you; others prefer to have them larger. As to the relative advantages of the two methods, I have formed no opinion and can tell you nothing. I will try the small grafts to-day, and hereafter the large ones, and you can then judge for yourselves; as to what occurs after the grafting I can best inform you by reading this passage from the *Medical Times*, of Dec. 15th, of this city, in which the following passage is quoted from Mr. Dobson's paper:

"At about the second day the cuticle begins to separate; by the fourth day only a faint pale spot marks the insertion, or there may be no evidence left of it at all; by the sixth day a faintly vascular tuft of granulation appears. This becomes glazed, and in a few days more the usual covering of cicatrix is formed. The patch is usually circular, and presents slight ridges, and continues to increase in size, circularly, until it reaches its maximum of growth; for it has a maximum of growth. I have never seen a patch larger than a florin, and I have now seen large numbers of them. I should say that their average growth will not exceed the size of a sixpence."

In looking over the reports of cases of ulcers healed by this transplanting method, it would be seen that the period required is usually about one month, and that the average spreading in extent of growth of each graft, varies from a quarter to a half or three-quarters of an inch; so you can easily form an idea of the number of insertions which may be required in individual cases.

In the instances before you I will endeavor to protect the grafts and give them every opportunity to form their adhesions. The men will be brought before you again, and you will be enabled to see the termination of the experiment.

Stricture of Urethra.—I have now, gentlemen, to bring before you two cases of urethral stricture, both of which require operative interference. Before, however, proceeding to the operations, let me say a few words concerning the nature of the affection.

Urethral stricture may be defined to be a narrowing of the urethral canal. Some surgeons have looked upon stricture simply as a want of dilatability of the canal, but practically that is the same thing as a narrowing. This narrowing may be produced by various causes; it may be transient, and depend upon involuntary muscular contraction; and this we call spasmodic stricture; or, the stricture may result from swelling of the urethral mucous membrane—congestive or inflammatory stricture. Finally, and most frequently, the narrowing and partial occlusion of the urethra, may depend upon organic deposits in the walls of the canal, as of lymph; such a stricture is known as an organic stricture, and constitutes the variety most often demanding surgical interference.

It is to this form of stricture, that both of the cases before you belong, and of it I would now speak to you. Organic stricture may result from any exciting cause which leads to the formation of lymph. This may be inflammation, gonorrheal or otherwise; or, it may be violence in any form, whether applied directly to the interior of the urethra, as by *maladroit* or forcible use of an instrument, or force acting upon the perineum, as a kick, a fall, or bruising by the pommel of a saddle. Be the cause what it may, the lesion in stricture is the deposit of lymph in the walls of the urethra, and the consequent narrowing of its calibre.

Stricture may be found at almost any portion of the urethra; perhaps not at the prostatic, but certainly at every other part of the canal. Its most frequent seat is the neighborhood, say within one inch, of the membranous urethra. Now, what are the symptoms of organic stricture? You have seen many cases of stricture on this amphitheatre, and I need but recall to your minds the evidences of this disease.

Take this man's experience, if you please. His story is not his alone, but that of many a sufferer. He is now 35 years of age; nearly ten years ago he had a gonorrhœa which was "cured" by injections, he says, after lasting five weeks. It was, however, followed by a thin, gleety discharge, which continued at intervals for several years. After the primary attack he experienced some difficulty in making water; the stream of urine was altered. It was of less than normal thickness, was flattened and twisted, and at times forked. At a later period, during the last three or four years, he has been obliged to strain greatly in order to overcome the urethral obstruction; micturition has been frequent and painful, and the constant desire to micturate has been most distressing. His sleep has been disturbed, as he is always obliged to rise two or three times in the course of the night to empty his bladder. Often the soreness and pain is considerable, referred sometimes to the head of the

penis, and sometimes to the perineum and pubic region. The bladder in this patient is doubtless in a greater or less degree of chronic inflammation, and probably has not been fairly emptied for a long period. The urine is turbid, and loaded with mucus and pus. This man has been the subject of much instrumentation, and is frequently in the habit of passing a small flexible catheter into his own bladder in order to relieve himself. It is possible, and indeed I think probable from the history of this case, and from the examination of the urethra that one or more false passages have existed, or are now present.

I have now given you the summary of the case before you, and such, gentlemen, is the story you will often listen to, if you deal much with urinary troubles. From the account given to you by a patient, you are led to suspect the existence of a stricture, but this suspicion you must verify before proceeding to the treatment. How will you do this? Watch what I do:

I place this patient on the table, with his shoulders elevated, and his feet a little drawn up. I prefer to examine a patient in the recumbent posture, fainting is then less likely to happen, and should it do so, the position is, of course, vastly more convenient. I then, with this little syringe, throw into the urethra two or three drachms of warm olive oil, and by gently rubbing the surface of the urethra with my finger, I assist the lubricant in its passage down the canal and through the strictures, if any exist. I then select my instrument for examining the urethra—an inflexible one—either a nickel-plated steel bougie, which is very smooth, or a silver catheter, well warmed and polished. I introduce this, using no force, and now about two and half inches from the meatus, I meet an obstruction; I press the instrument against this gently; it yields, and the catheter passes on until arrested by an impediment just in front of the membranous urethra. Pressure here causes great pain; my patient becomes nervous and disturbed, and the instrument will not pass. Here is undoubtedly the main obstruction, the source of all the trouble in this case. I shall, therefore, have the patient etherized, and then continue the examination.

While this is being done, let me say a word as to the treatment of organic strictures. These may be overcome by a division or by dilatation, the two most trustworthy plans of treatment—for I will not even speak of caustics. Division of a stricture may be practised from within the urethra internal urethrotomy, or from without by one of the forms of external section. Dilatation may be accomplished gradually by the introduction, from time to time, of instruments, solid or inflexible, gradually increasing in size; or, it may be effected instantaneously by means of Mr. Holt's dilator,

which you have so often seen me use. Perhaps, as a rule, gradual dilatation is to be preferred where the presence of an instrument is readily tolerated, and where the stricture yields easily. But if the obstruction be very obstinate, or the necessities of the case demand an attempt at speedy cure, you may often resort to internal incision, or to Holt's method, with advantage. But you must always bear in mind that both of the latter methods are sometimes attended by constitutional shock and urethral fever. I frequently incise a stricture internally, but only when it is situated in the body of the penis; almost never, when it is so low down as the membranous urethra. In obstinate strictures, in any part of the canal, I, at times, employ Holt's rapid dilatation, although, occasionally, I have seen a good deal of irritation follow its use. But when it can be resorted to, it undoubtedly is most effective.

In the patient before you, the urgency of the case is great, he can hardly pass any urine, and only with great straining. I must, therefore, do the best I can for him. He is now etherized. I will divide, as you see I am doing, the upper stricture with my urethrolome, which is Charrièr's pattern. The largest sized sound now passes readily until it is arrested by the posterior stricture. This I must overcome, and I will do it by insinuating through it, the probe pointed end of this dilator, Richardson's modification of Holt's instrument. I push the blades close along the urethra until they enter the bladder; this I know to be the case from the escape of urine, which you see flowing away between the blades. I now grasp the handle of the instrument tightly and hold it firmly with my left hand, an assistant at the same time supporting the penis. I take great care to steady the instrument, in order to prevent any injury to the walls of the bladder. I next rapidly thrust down in the groove between the blades, this dilating rod, and as the blades or sides of the instrument separate before its onward passage, the stricture gives way; in other words, it is burst. This bursting, we are told by Mr. Holt, is confined to the lymph poured out around the urethral walls, the stricture proper. The mucous membrane of the canal is not in the great majority of the cases lacerated. This rupture effected, I turn the dilator once or twice from side to side, and then withdraw it. A little blood, not much, mixed with urine, escapes. I will now attempt the introduction of a large sound, No. 16 of Thompson's scale, and you see it passes into the bladder. This I withdraw, for I never, as you know, leave an instrument for any length of time in the urethra and bladder.

Let me add a word with regard to the after treatment of these operations. The shock is sometimes considerable, and rigors and urethral fever are

not uncommon, especially if the case be at all irritable. These you can best guard against by the free use of morphia and quinine, one-fourth of a grain of the former and five grains of the latter, administered immediately after the operation, and repeated as occasion may require. There is yet another caution I must give you. You remember the old proverb that "a meddlesome midwifery is bad," so too, after such an operation as I have shown you, a meddlesome instrumentation is to be deprecated. Do not be in a hurry to tease your patient with your catheters and sounds; allow a few days to pass before you attempt their introduction, so as to afford time for the irritation necessarily attendant upon the primary operation to subside, and even then be careful and gentle in their use.

Such, gentlemen, is Holt's method of instantaneous rupture of urethral stricture, a procedure which in many cases answers well, but which, nevertheless, must be employed with caution. It is only, I think, applicable in tolerant strictures, and should never, in my judgement, be practised in irritable strictures, or where the urethral trouble is accompanied by extensive organic lesions of the bladder, and especially of the kidneys.

In the other case of stricture the narrowing is situated at the meatus of a patient 32 years of age, and is about one-half an inch in length. It is a memento of an old gonorrhoea. Such strictures are usually obstinate and evince a great tendency to recurrence. The best treatment I can advise is their division, either with a probe bistouri or with the urethrolome. I will divide this one with this latter instrument, and then direct the patient to keep the opening patulous with a roll of lint. It is quite likely that I may be obliged to repeat the operation.

[Operation performed.]

COLLEGE OF PHYSICIANS AND SURGEONS.

Diseases of Women; Clinic of Prof. T. G. THOMAS.

Prolapse of Uterus—3d Degree.

Mrs. C., æt. 22, four years married, was delivered of her first child nine months after marriage, and since then has been continually complaining of a dragging pain in the back, much increased at menstrual periods. When making any exertion, or going up or down stairs, this is particularly severe. Has also had the whites. Upon making an examination with the finger, it is found that the moment it enters the vagina, the os uteri is detected, and when carried behind the uterus, the fundus is felt in the hollow of the sacrum. This is not retroversion, as at first might be supposed, but the second stage of prolapse. Prolapse has three stages.

First. That of descent, in which there is no change in the axis of the organ.

Second. That in which there is change of its axis with descent.

Third. That in which it passes outside of the body.

The uterus in this process describes the same curve as does the head of the child in parturition, and in the case before us it has but passed into the curve of the sacrum, the cervix being directed downward and forward. The traction on the broad ligaments which ensues, is the direct cause of the pain, and at the monthly period the weight is greater, and as a consequence the pain is greater, but there is no dysmenorrhœa.

Treatment.—The patient can only be relieved, but this can be done effectually by means of one of Hodge's double-lever pessaries, modified by Albert Smith. This is adjusted so that one arm will pass into the fornix of the vagina, posteriorly to the cervix and maintain the uterus in its proper position; any further benefit must be accomplished by time.

The patient should also be directed not to wear tight fitting clothes, and to substitute skirt supporters for the ordinary method of lacing.

Rare Case of Tumor of Pelvis.

Ida Harris, *æt.* 22; negress; married six years; one child. Patient noticed three years ago that she had a small tumor in the left inguinal region, but it did not attain any size until recently. At night it is sensitive, especially so in bad weather. Menstruates twice a month.

Physical examination reveals an elongated tumor the size of the head. This tumor is hard as ivory and firmly attached to the false pelvis, but not connected either with the uterus or ovaries.

Dr. THOMAS said that this case was the exact counterpart of one which was presented at the clinic some three or four weeks ago, and was in his experience, very rare. The treatment must be thoroughly expectant; medicines cannot reach it, and operation is not called for. It will be impossible to bear a living child, and for that reason the patient must be advised of the consequences of conception.

Sub-Involution, with Degeneration of Mucous Membrane of Uterus.

Mrs. K—, youngest child two years old; has been sick since the birth of her last child. At that time complained of pain and swelling in her stomach; also, had flooding. During the last two months the discharge of blood has been exceedingly free. Dr. Thomas said that her physician had sent a note to him giving the history of the case. This gentleman, who was very competent in those matters, had made the intra uterine measurement to be 6 inches, whereas in reality it was but 3½ inches. The cause of the mistake was due to an enlarged fallopian tube into which the sound readily slipped. From the history of it, it was evident the

case had puerperal endometritis, with sub-involution, and this endometritis had resulted in villous degeneration of the mucous membrane. The patient should be put on tonics and the curette applied to remove all excrescences that might be present.

MEDICAL SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

December 28, 1870.

Congestion of Cerebellum—Softening.

Dr. FINNELL presented the cerebellum of a man aged 30. At the post mortem Dr. F. said there was great congestion, but from the effect of preservative solutions on the specimen this was not now so apparent. The other portions of the brain did not show this change, but the two lateral ventricles were greatly distended with fluid, each containing 4 oz.

The patient was in his usual health up to the day of attack, when he was seized with a severe pain in the back portion of the head. His physician ordered him cathartics. These operated, but no abatement of pain took place.

The next day he continued at his occupation of cabinet-maker, and in the evening again applied for relief. Opium was given, which but partially relieved the symptoms.

On the third day he again attended his business, suffering as much as ever. On the following day he did the same.

In the evening his physician called to see him but found no alarming symptoms, merely a pulse of 80, with a coated tongue. His prognosis was that in a few days the patient would be much better. But 15 minutes after the doctor left the house, death took place.

Dr. Finnell thought that the cause of death was due to effusion into the ventricles, and recalled a case somewhat similar.

Spinal Cord—Gun Shot Wound.

Dr. Finnell also presented a section of spinal cord, to which there was attached a pistol bullet. The patient had been a prominent politician, and received the wound in one of the bar-rooms of the city. He lived for seven months after the injury, but had complete paraplegia with cystitis and constipation. The ball was found not to have entered the substance of the cord; merely to have pressed against it. The pelvis of either kidney contained calculi, and these are supposed to have given rise to the cystitis.

Dr. LOOMIS asked in respect to the kidneys of the first case but they were not examined.

Cyst.

Dr. SAYRE presented a small cyst about two inches in diameter which he had removed from the neck. This cyst was exceedingly deeply placed behind the digastric muscle.

Dr. HAMILTON saw the case and advised incision. But Dr. Sayre and assistants determined on excision. During the operation it was found that the cyst was with the greatest difficulty removed. The edge of the knife being necessary to enucleate it.

This growth was of six years standing. For the first five years of very slow development, but latterly has made rapid progress.

Reproduction of Bone by Periosteum.

Dr. Sayre presented also two specimens of bone with the following history: One year and a half ago he excised the head and neck of a femur from a patient, who had morbus coxarius. Since then the patient did well for a time, but eventually died. The trochanter major, neck and about half an inch of a globular head were reproduced; this head was covered by a substance either cartilaginous or resembling cartilage. The acetabulum was formed about half an inch higher up.

Dr. Sayre said that he failed to remove all of the dead bone, and in consequence, a prolonged suppuration ensued, giving rise to a large amyloid liver. The specimens of Dr. S. were referred to the committee on microscopy.

Dr. JACOBI stated that he had seen at Bonn 6 inches of the shaft of the tibia reproduced.

Rheumatism having as Sequel Morbus Coxarius.

Dr. SANDS presented a portion of the head of a femur which he had removed from a young patient. The following was the history of the case: The patient was aged 9, and previous to his illness was in very good health. During 1869 he was attacked with rheumatism, mainly affecting the lower extremities; from this he recovered perfectly. In the spring of the present year the disease again set in, and on this occasion it located itself in the left hip-joint; from this there was but partial recovery. Hip disease shortly after manifested itself, for which he was treated in Germany. During July he arrived home, and then Dr. S. saw him.

The limb was done up in plaster paris dressing, and everything then seemed so satisfactory that it was deemed better not to disturb it.

In October Dr. S. was again called to see it, when there was found a large abscess posteriorly together with dislocation of the head on the dorsum of the ilium. On the 20th of October, the head of the femur was excised, without any difficulty.

The acetabulum was found to have been partly absorbed, and in this manner the dislocation took place.

Dr. S. was of the opinion that the plaster band-

age was objectionable from obscuring the presence of an abscess.

Polypt of Bladder.

Dr. ERSKINE MASON presented bladder from a patient who had been admitted to Charity Hospital in a comatose state, and from whom no history could be obtained. The urine was ammoniacal and contained blood. The pelvis of either kidney was greatly distended. The heart showed signs of pericarditis. In the bladder were numerous polyptoid growths, one of which dipped down and served as a ball valve to the urethra.

NEW YORK COUNTY MEDICAL SOCIETY.

January 9th.

A paper was read by H. KNAPP, M. D., of which we present the following outline:

Formation of Bone in the Eye.

All tissues occur in the eye with the exception of bone; and in the sclerotic of birds it is found also.

Different views are held in respect to its pathological occurrence in the human eye, some holding that the hard tissue which has been noted is merely false membrane calcified, and others that it was true bone.

The first case that came under my observation was a girl, *æt.* 17, suffering from scrofulous ophthalmia. She had been three years blind in one eye before I saw her; in the other the vision was but one-fourth of the natural standard.

On removal of the blind eye it was found that a hard shell extended from the entrance of the optic nerve to the *ora serrata*. This hard shell replaced the inner layers of the choroid and was covered over by one of connective tissue. The retina was completely detached.

An examination of this hard tissue by the microscope proved it to have the histological characteristics of true bone. This ossification is similar to what takes place from the periosteum; in other words it is ossification from connective tissue. The point of commencement of this bony formation is in the capillary layer of the choroid, from the fact that there the most abundant vascular supply is found.

Of all the cases that have been recorded, there was but one in which the retina remained adherent to the choroid, but it is a matter of but little value as the sight is entirely lost.

The most apparent cause for this condition is Indo-choroiditis. Extirpation of the eye thus affected is desirable, inasmuch as the other may be sympathetically affected.

Dr. KNAPP stated in reply to a question from the President, Dr. JACOBI, that calcification is very frequent, whereas ossification is exceedingly rare; but both one and the other may occur in the same specimen.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

The Medical Society of the District of Columbia held its fifty-third annual meeting on January 2d. W. P. Johnston, M. D., presided, and after a very handsome valedictory announced that the annual election of officers was the business of the evening.

The election was held, and resulted as follows: President, Dr. J. M. Toner; vice presidents, Drs. S. C. Busey and Wm. Marbury; corresponding secretary, Dr. W. B. Drinkard; recording secretary, Dr. W. W. Johnston; treasurer, Dr. F. A. Ashford; librarian, Dr. A. F. A. King; board of examiners, Drs. W. G. Palmer, D. R. Hagner, Lewis Mackall, jr., B. Thompson, C. M. Ford; censors, Drs. C. H. Leiberman, J. F. Thomson and Thomas Miller.

Dr. Toner, upon taking the chair, made an interesting address, in the course of which he gave the following valuable medical statistics:

The Medical Society has upon its rolls as members the number of 201; deceased or removed from the district 131; members in active practice, 150; members retired from practice, 22; licentiates engaged in practice, 18; members attending hospitals in the district, 15; members engaged in teaching in medical colleges, 20; members who hold salaried offices and clerkships, 20.

Of 119 members whose date of graduation is recorded on the roster of the society, two have been in practice 46 years; one 43 years; two 42 years; one 41 years; one 40 years; one 37 years; two 34 years; five 31 years; two 29 years; two 28 years; one 27 years; four 26 years; two 25 years; three 24 years; one 23 years; one 22 years; two 21 years; three 20 years; five 19 years; six 18 years; one 17 years; one 16 years; one 15 years; two 14

years; two 13 years; one 12 years; seven 11 years; two 10 years; nine 9 years; four 8 years; eight 7 years; four 6 years; six 5 years; six 4 years; two 3 years; eight 2 years, and two 1 year.

At the conclusion of the President's address the society adjourned.

REPORT OF THE NORTHWESTERN OHIO MEDICAL ASSOCIATION.

The fourth semi-annual meeting of the Northwestern Ohio Medical Association, was held in Wakoneta, Auglaize county, December 1st., 1878. Dr. C. M. GODFREY, of Ottawa, Senior Vice President, in the chair.

E. L. SHACKELTON, St. Marys, essayist, presented a paper on "Cholera Infantum," which was well received, and gave rise to much discussion. Many cases of interest to the profession were reported, and the entire afternoon was consumed in their discussion.

Celina, Mercer county was selected as the place of next meeting; time first Thursday in June, 1879, at 10 A. M.

The Association is composed of resident physicians in the counties of Allen, Auglaize, Mercer, Van Wert, Putnam, Hardin and Hancock, has been organized two years, numbers about fifty members, and gives promise of becoming of great usefulness and benefit to its members. An earnest invitation is extended to every regular physician in good standing, in the counties named, to be present at our next meeting and become members. The time and trouble required will be more than compensated by the benefits of interchange of thoughts and opinions with your professional brethren.

SAM. A. BAXTER, Ass't, Sec.

EDITORIAL DEPARTMENT.

PERISCOPE.

Action of Hyoscyamine and Daturine.

M. M. Oulmont and Laurent, having made a number of experiments on the action of hyoscyamine and daturine, sum up the results at which they have arrived as follows: 1. Hyoscyamine and daturine act specially on the great sympathetic nervous system. 2. In small doses, they reduce the capillary circulation; in large doses, they produce paralysis of the vessels. 3. The arterial tension is increased by the administration of weak, and is diminished by poisonous, doses. These results are not modified by section of the pneumogastric nerves. 4. The fre-

quency of the pulse is increased, and its fulness diminished. 5. Hyoscyamine renders the movements of the heart regular; daturine often produces intermittence and arrest of action. When applied directly to the heart, these alkaloids diminish the frequency of the beats, and produce complete arrest of the heart's action. 6. Hyoscyamine and daturine always accelerate respiration. 7. Hyoscyamine and daturine have no direct action on the nervous system of animal life. Sensation and motor power are not modified by them. In toxic doses, they blunt cutaneous sensibility. 8. These alkaloids have no action on the excitability of the striated muscles; they do not modify their structure. 9. In small doses, they accelerate the movements of the intestines; in large doses, they paralyze them. 10. The general phe-

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nomens observed when these alkaloids are given are due to modifications of the circulation, and disappear rapidly. The alkaloids are soon eliminated, especially by the urine, in which they may be found.

11. The dilatation of the pupil which is produced is due to stimulation of the sympathetic; the third pair of nerves is not concerned in its production.

12. Small doses generally give rise to slight increase of temperature; large doses diminish the central temperature.

A Condemnation of Charpie.

DR. VON NUSSBAUM, writing from Orleans on November 24, regarding the wounded there, says that, above all things, charpie should be avoided; and sponges also, if syringes are at hand. He is, he says, always horrified when he finds gun-shot wounds or amputation wounds covered with dry charpie. Nothing worse, said Medical Councillor von Pettenkoffer to him twelve years ago, can be found; and from that time Dr. Nussbaum has avoided charpie. Charpie, like sponge, is a very porous substance; its extensive surface greatly favors the process of decomposition. Apart from its dangerous porosity, charpie is in itself rather dirty and disgusting. It is likely to have been made, he says, from shirts and other linen clothes, which perhaps have been soiled with typhus stools. From these compresses have been cut, which have been again and again fouled with pus, and washed. Finally, the patients have pulled these into charpie, in their dirty wards; and the charpie has lain there for a longer or shorter time until it has become poisoned, and it is then laid on wounds. Even allowing that some charpie has a better history, it cannot be denied that thousands of patients are every day engaged in preparing this material. But even the best and cleanest is dangerous on account of its great porosity, especially when it has been kept in a hospital ward. If there be not a syringe at hand, sponges may be used for pouring on water, but not for touching the wound.

Preparations of Conium.

In a late number of the *Practitioner*, Dr. JOHN HARLEY sums up an article on this subject as follows:

1. The advantage of the green fruit over every other part of the plant is so clear and decided, that nothing need be said in favor of its selection as the basis of the tincture and extract. The extract of the pharmacopœia is a scandal to the present state of medical knowledge, and a spirituous extract of the green fruit ought as soon as possible to take its place; then indeed, we shall have an extract of which the proper dose will be "from 2 to 6 grains,"

instead of from 20 to 60 grains or more, which is the efficient dose of the present extract.

2. The variability of the strength of the succus must prove a serious drawback to its use, but this doubtless would be in great measure removed if hemlock were regularly cultivated for medicinal use in fixed localities. At present we are wholly dependent not only upon the wild plant, but upon the collectors, who, in order to be the first in the field, gather the plant as soon as it makes the least show of flowering, instead of allowing it to remain until the fruit begins to form, as is very properly directed by the British Pharmacopœia. Juice made from plants in this stage would have such activity that $\mathfrak{z}\text{ij}$ or $\mathfrak{z}\text{iv}$ would be a powerful dose, whereas it is often necessary to give from one to three ounces or more of the watery succus prepared from the flowering plant; and this leads me to another matter, viz., the expensiveness of the succus, and I heartily second Mr. Berry's objections on this score. Indeed I cannot do better than quote from a letter of a patient of mine. He says: "From the 4th of October till the end of the month I took the conium regularly every day, omitting a day now and then, and at the end of that time I had to take two and a half ounces to produce the desired effect, and my general and local health seemed much improved. From the remaining part of the term till December I took the medicine in doses varying from two and a half to three and a quarter ounces every three or four days. I took the conium in these large doses up to the end of January, and then I had to take nearly four ounces to produce the effect. I can hardly afford to take the conium. Doses of three or four ounces are so frightfully expensive." This is a discredit to pharmacy, for hemlock is the rank-est of our native weeds, and by an abundant yield of juice would well repay the room required for its growth—cultivation it requires none. If our pharmacutists remain blind to their interests, medical men must help themselves, and annually rear a dozen plants in some waste spot of their garden.

These will yield them a pound of green fruit, from which, with very little trouble, may be made a tincture stronger than any juice that can be produced, and an extract, of which three grains would produce decided effects in most persons.

Treatment of Gonorrhœa by Local Means.

Dr. THOMAS HILL, of Kennansville, North Carolina, writes to the *Richmond and Louisville Medical Journal*:

The very first case of this disease I was called to treat, the question presented itself to my mind, why, if this is a local disease, should I treat it constitutionally? Why fill the stomach with such nauseous drugs as copaliba, cubebs and all such gums?

better, and she did not think it would be necessary for me to go and see him, (they lived in the country), she told me he had a very free vomit, and that he had ejected a large-sized worm. I then gave her a powder containing six grains of santonine, to be given when she went home, and followed in a few hours by a purge. I saw the little fellow next day and found him very much better, and learned that he had passed no less than seventeen large worms; after which he recovered rapidly.

Climate and Diseases of Alaska.

Dr. W. T. WYTHE, in the *Pacific Medical and Surgical Journal*, says:

The climate of the interior of Alaska is very different from that of the coast. Along the coast the average temperature is about 40° Fahr. during the year, while on the other side of the mountains it is many degrees lower. The coast is very foggy and damp. The rain-falls are very frequent, and it is subject to very severe storms of wind. At Sitka, it is said that for a number of years past the number of days during the year, when it did not rain or snow, has been thirty-five. In the interior the climate is very cold in winter, and in summer somewhat warmer than on the coast. There is but little rain or fog. Snow falls to a great depth, and I have seen the ground frozen thirteen inches below the surface at midsummer.

The diseases of the northwest coast are modified by, and in many cases owe their origin to, the peculiar topography of the place and its climate, whether it is that of the coast or interior. In the damp, cold climate along the ocean, where the winds blow the greater portion of the time with great violence directly from the sea, disorders of the respiratory organs are the most frequent. Bronchitis is never absent; catarrh is seen at every change of weather. Sudden changes, when they are severe, often produce a catarrhal fever or influenza, with more or less bronchitis. Pneumonia often occurs, and seemed in sporadic cases to assume a typhoid type. During a few days of unusually warm weather an epidemic of bilious pneumonia made its appearance at Kodiak, attacking about fifty of the natives. The treatment consisted in opening their doors and windows so as to admit air, attention to the police of their houses, and quinine. Rheumatism is very obstinate, and occurs very often, and generally takes the articular form. Tuberculous diseases are very common among both natives and whites, and occur most frequently among the half-breeds. Phthisis pulmonalis runs a fearfully rapid course. Skin diseases are much more frequent than in the interior; eczema, especially, is often seen, but yields readily to treatment. Syphilis, in all its forms, seems to be found everywhere on the coast,

and most of all in places where the whites have traded longest; it is slowly but surely killing all the natives of the northwest coast.

In the interior, rheumatism and bronchitis seem to be the prevailing diseases. On Cook's Inlet I met with a number of cases of intermittent fever: all occurred on a bluff several hundred feet above the sea, and where the houses were exposed to a strong breeze directly from the inlet. These cases were among white people, and might have been contracted elsewhere; but happening after a sea voyage of forty days, and in persons previously in good health, I attributed it to the locality. Scurvy also appears frequently in the interior, caused by lack of vegetables and fresh meat, and faulty hygiene. The long nights of that high latitude, the excessive cold and deep snow, and the lack of antiscorbutics, render it difficult to keep large bodies of men entirely free from it.

Treatment of Phthisis in Children.

Dr. J. LEWIS SMITH, in the *Medical Record* says:

Though the tuberculosis is so obstinate and fatal, it is often in our power, if forewarned, to avert it. A nursing infant, whose mother has the disease, should be immediately taken from the breast and intrusted to a wet-nurse. The health of the mother as well as the infant requires this. If the father has the disease, and the mother's milk is inadequate or of poor quality, and the infant is under the age of six months, the same change should be made, rather than supply the deficiency by artificial feeding. Children who are weaned should have plain but nutritious and easily digested diet, a part of which should be milk. If the predisposition to tuberculosis is strong, a little alcoholic stimulant may be allowed three or four times daily in the milk, though with the risk of creating an appetite for it. To an infant two or three drops of Bourbon whisky may be given for each month of its age, and to children of three to five years a teaspoonful. Residence in an airy and salubrious locality, outdoor exercise, a scrupulous avoidance of exposure by which a cold might be contracted, are necessary in order to the continued latency of the diathesis. Loss of flesh or appetite, or other evidences of failing health, indicate the need of additional measures of a therapeutic character. Iron, with cod-liver oil, citrate of iron and quinine, elixir of calisaya bark, or other tonic, should be employed in connection with the alcoholic stimulant and suitable regimen. By the employment of such precautionary measures as soon as indicated, multitudes of children might be saved from this disease who now perish.

The treatment of the general disease should be the same in children as in adults. The medicinal curative agents which are required in ordinary

cases are cod-liver oil, iron, or other tonic, and an alcoholic stimulant given three or four times daily. The oil is less unpleasant and more readily taken when combined with the stimulant. An eligible mixture is equal parts of cod-liver oil and wine of iron, or cod-liver oil with half its quantity of Bourbon whisky, and a few drops of the tincture of chloride of iron. It should be given after nursing or the meals. At the age of one year two drops of the tincture of iron and a teaspoonful of cod-liver oil would constitute an ordinary dose.

If the cod-liver oil is not tolerated, or if it impairs the appetite, it should be discontinued. In cases of diarrhoea, it is of little or no benefit, and it may do harm. Under such circumstances patients sometimes do better with simple regimenal measures, aided by alcoholic stimulants, and one of the least unpleasant of the tonics, as wine of iron or the calisaya bark. The regimen already recommended for prevention is also required as a part of the curative treatment.

Certain modifications of treatment are demanded on account of the localization of the tubercles. Intracranial tuberculosis, as soon as diagnosed, should be treated by pretty decided doses of iodide of potassium, though unfortunately, there is little prospect of improvement. The glandular disease, whether bronchial or mesenteric, requires the iodide of iron, with or without that of potassium. Pneumonitis or pleuritis, so recent a complication of pulmonary tuberculosis, requires emollient poultices, with moderate counter-irritation, and the judicious use of opiates with stimulants. The peritonitis occurring in abdominal tuberculosis, which is usually circumscribed, is best treated by fomentations and poultices, with opiates, and the diarrhoea by subnitrate of bismuth and chalk, five to ten grains of each, or the bismuth with Dover's powder; or a more active astringent.

A New Operation for Nævus.

Dr. G. H. BRANDT, M. D., of Oporto, writes as follows to the *Practitioner*:

"My object in bringing before the profession the following observations is chiefly to show that in some cases in which all the methods hitherto advised for curing this disease are not practicable, a very simple method has produced a perfect result. This method, although not entirely a new one, has not been so much practised as it ought to have been, owing to the danger of causing immediate death, which unfortunately has happened on more than one occasion,—I mean the injection of the tincture of perchloride of iron by means of a Pravaz syringe. It is, of course, recommended to compress the vessel or vessels in order to prevent a clot from finding its way to the heart; this is often a difficult thing

to manage, according to the situation of the parts affected. The instrument I have devised obviates this difficulty, and renders the operation a safe one.

The subject of this disease is a young lady, aged 16, of charming appearance as regards one side of her face. She was born with a venous erectile tumor occupying the whole of the inside of the right cheek; there was considerable disfigurement of that side of the face, with difficulty of mastication, and at times, when congested, part of the tumor would bulge out and protrude through the mouth, presenting a fearful appearance; the other half of the face was, and is, really beautiful. Passing in review the different methods employed by different authors for the removal of this unsightly disease, I had to put aside the ligature, the escharotics, the actual cautery with Wordsworth's needle, and the piecemeal extraction proposed by Jordan; the injection with the tincture of perchloride of iron remained. As it would have been almost impracticable to compress the large vein, I devised an instrument on the principle of the Entropion forceps. The cheek is passed between the two blades of the instrument in such a way that the flat blade rests against the outside of the cheek, and the fenestrated plate applies itself against the tumor internally; a few turns of the screw makes the two blades approach each other in such a way that part of the tumor bulges through the ring-shaped inner blade, and compresses it to such an extent that no communication can take place either in or out of that part of the tumor. I then inject five drops of the tincture at 30° and withdraw the needle of the syringe; the coagulation of the blood is so rapid that no blood escapes. I allow the instrument to remain in for five or six minutes, and then gradually unscrew and gently withdraw it. This was repeated eight times on different occasions, until the whole of the mass was coagulated. After each injection slight swelling occurred, which was kept down by cold external applications. On two occasions, owing to a slight blow on the cheek, a small opening was made by the tumor (after the injection) striking against the teeth. Through this opening I could see the black, hard coagulum, which I easily extracted with a common forceps. The gap closed in two or three days. The inside of the cheek is now as pink and smooth as its opposite neighbor.

"The facility with which it is accomplished, and the complete absence of danger and pain, are, I believe, sufficient recommendations for its adoption in all suitable cases. As these clots become hard and encysted, and take a long time to become absorbed, I think it easily practicable to make a small opening and enucleate the clots, as I did on two occasions, when a chance blow made the opening through which I extracted the hard black mass."

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Reviews and Book Notices.

NOTES ON BOOKS.

Latin is well nigh a dead language, even to science, but not altogether, so in the old countries. We observe among the recent publications of Brockhaus, of Leipzig, one announcement which reminds us, both in language and style, of the magnificent medical titles of the seventeenth century. The work is by ALEXANDER MAUROCORDATO, (Mohrenberz?) and is entitled "Pneumaticum circulandi sanguinis instrumentum sive de motu et usu pulmonum. Opusculum ob controversiam vehementer actenus veratam curiosissimum, admirabilem pulmonum structuram, exindeque humano, caeteraque animantium sanguineorum corporibus, obvenienti emolumenta, ponderatis autorum, et principum philosophicae medicaeque reipublicae utrinque rationum momentis, accurate expendens; astutioresque suos ab errorum tenebris, in veritas splendorem vindicare aptissimum."

The executors of the late Sir JAMES Y. SIMPSON, of Edinburgh, are arranging for the preparation of a biography, and advertise for "interesting letters from him, or interesting information about him."

One would naturally suppose that the European war would have begotten a shoal of works on military surgery, but on examining recent foreign catalogues, we find comparatively few. The following are the most important:

F. van G. Dommelen. *Essai sur les moyens de transport et des secours en général aux blessés et malades en temps de guerre.* Avec 22 planches, et figures intercalées dans le texte. Ouvrage couronné du prix spécial de son altesse royale le prince Henri des Pays-Bas par le jury de l'exposition de la paix rouge à la Haye.

W. Thurn. *Marsch-Diätetik. Grundbedingungen einer rationellen Art zu marschiren für Officiere und Militär-Aerzte. Ein Beitrag zur Militärhygiene.*

Bdr. Stanelli. *Das triclimum mobile oder die leichtbaere dreifach schiefe Ebene betrachtet im 1. Thl. als Lagerungsapparat für die Heilung der Schenkel- und Schenkelhalsbrüche und für Störkrankheiten im Allgemeinen; im 2. Thl. als Grundlage eines neuen Systems für den Verband und Transport Schwerverwundeter im Kriege.*

BOOK NOTICES.

Diseases of the Spine and of the Nerves. By Charles B. Radcliffe, M. D., John N. Radcliffe, J. Warburton Begbie, M. D., Francis Edmund Anstie, M. D., and John Russell Reynolds, M. D., F. R. S., etc. Philadelphia: Henry C. Lea. 1871. 8vo., pp. 196.

The publisher's note informs us that this volume

comprises a series of essays extracted from the *System of Medicine*, edited by Dr. JOHN RUSSELL REYNOLDS, upon the topics mentioned in the title. As the work from which they are extracted is bulky and costly, it is a good service to American science to have these monographs on so interesting a group of diseases published separately. That they are all ably written, it is superfluous to mention.

The topics include meningitis, simple and cerebro-spinal; myelitis, spinal congestion and irritation, tetanus, neuritis, neuroma and neuralgia, torticollis, and a number of allied diseases of less common occurrence. The obscurity which surrounds several of these renders the publication timely and opportune.

A Handbook of Medical Microscopy. By JOSEPH G. RICHARDSON, M. D., Microscopist to the Pennsylvania Hospital, Secretary of the Biological and Microscopical Section of the Academy of Natural Sciences, one of the assistant Physicians to the Episcopal Hospital, Fellow of the College of Physicians, Member of the Pathological Society of Philadelphia; etc., etc., etc. Philadelphia: J. B. Lippincott & Co. 1871. 8vo., pp. 333.

This work has been written with the professed object of promoting the more frequent use of the microscope among medical practitioners. It has been prepared with special reference to the purely practical in microscopy. In order to meet the demands of those who, from any cause, have been prevented from acquiring a due familiarity with the instrument and its requisite manipulations, a constant effort has been made, the author assures us, to describe every step of the processes recommended, great care being taken to enter into and fully elucidate all those minute but important details, which, because they seem so simple to the skilful observer, have generally been passed over without particular explanation.

The first two chapters are devoted to a brief description of the microscope and accessory apparatus, and a detailed account of the best method of working with this instrument. In the ten succeeding chapters a full account is given of the examination of the various urinary deposits, of pus, mucus, saliva, milk, blood, the sputum in phthisis, vomited matters, and vaginal and uterine discharges, etc. The remaining three chapters are occupied with a detailed account of the best methods of examining the integument and muscles for animal and vegetable parasites, the mode of procedure in medico-legal investigations in relation to stains of blood, spermatic fluid, etc., and the examination of morbid growths.

From this general statement of its contents, our readers will perceive that the work of Dr. Richardson is at once extensive in scope and practical in character. It is a convenient manual, adapted to the wants of the student and young practitioner, and will, no doubt, command a ready sale. In spite of some inaccuracies into which the author has fallen, in describing certain portions of optical apparatus, (corrected, however, in the table of errata), we can heartily commend the work as a whole, and feel confident that many a busy practitioner will extract from its pages valuable aid in the diagnosis of obscure or complicated disease.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JANUARY 28, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

TO OLD SUBSCRIBERS

Who forward their subscription to Jan. 1st, 1872, *strictly in advance*, we will send one number of the *HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE*, or a full-length steel engraved portrait of Professor S. D. Gross (in 4to. for framing).

Those who have already paid for 1871 will please notify us of their wishes. (In connection with this offer notice No. 2, on the second page of cover.)

GREETING!

The subscriptions of a large proportion of our subscribers are due from the first of January. If they are all *promptly paid* it will be *greatly* to the advantage of all interested in sustaining a good medical journal, as it will give us the means for continued improvement.

See the notice to subscribers on second page of cover.

THE BIOGRAPHIES OF MEDICAL MEN.

Glancing over the necrology of 1870 reminds us again that we do well to treasure the memory of the departed members of our profession by recording brief histories of their lives in our transactions and journals, and would do still better did we seek for some more permanent and more generally accessible repository for their deeds.

Since the publication—now long ago—of Thacher's *American Medical Biography*, there has been no work which made its exclusive aim to collect and perpetuate the souvenirs of the members of our profession, who now sleep

after the fitful fever of their lives. Yet no more honorable task can well be thought of than this, and none more likely to enlist the sympathy of every physician throughout our land. For in that list, most of us must, *pro dolor!* place our preceptors, those who first guided our uncertain steps in the mazes of a difficult science, and strengthened us with advice and admonition in our early, diffident attempts to apply our highly prized knowledge. Who would not regret to see so many lives of self-denial, earnest thought, and unselfish devotion pass away, and, "like the shadow of a cloud, leave not a trace behind?" Many an Agamemnon, says Horace, lived before Homer, and many another hero, whose life, truly portrayed, had more of nobility and grandeur than that of the Argive warrior, has perished in the ranks of our profession, fighting not some equal enemy of human form, but the invisible pestilence that destroyeth at noonday. Of these, what record remains? A few lines in an obscure pamphlet, or a brief notice in a county paper.

This is not as it should be, and we are glad to add, it is not as it will be. For we have the satisfaction of knowing that there is one and a most capable Old Mortality at work, not with chisel, but with pen, freshening and perpetuating the memory of the dead of our profession. It is his intention to embrace, in one repertory, the names and biographies, as far as it is possible to obtain them, of *all* the deceased medical men of the United States, to digest and arrange them in alphabetical order, so that, at length,

"In books recorded,
They, like hoarded
Household words, no more depart."

The scholar who has undertaken this praiseworthy task, we need hardly tell our readers—for we have told them several times already—is Dr. JAMES M. TONER, of Washington City. And we would bespeak in his behalf, all the assistance our readers can give him.

Should any of them have in their possession any printed necrological notice of a medical man, or any biographical sketch of one, the best thing they can do with it is to place it at once at the service of Dr. Toner. Or, if any reader has a deceased friend, once in the profession, whose life has never yet been written, let him briefly write out the important particulars in that friend's career, and forward the manuscript to Dr. Toner. Thus he

will do an act thrice laudable: first, that he thus fulfils a duty to a deceased friend; next, that he does a favor to Dr. Toner; and lastly, that he lays posterity under an obligation for the information he gives it.

THE FEMALE STUDENTS AGAIN.

It is greatly to be regretted that our "female medical students" could not have been satisfied with "present attainments," for a while, at least. Having driven the better class of male students from the amphitheatre of Pennsylvania Hospital, why could they not have been satisfied with the excellent advantages offered by that institution, not enjoyed in their own hospital and at their own clinics, without obtruding themselves into the amphitheatre of the Philadelphia Hospital, which had become the resort of a large proportion of the male students. It may be their abstract right to be as vulgar and coarse as they choose to be, but it is neither womanly nor wise. We advise a little more discretion on the part of these women, or they will loose the good-will and support of all right thinking persons. Communities are proverbially fickle in their sympathies, and are not always actuated by principles of right and justice; but it will not do to presume too much on the sympathies of the communities, nor the newspapers.

—Since the above was written, we hear it intimated that the women who presented themselves at the clinic in question, were not connected with the Women's Medical College of Pennsylvania. We hope this is true, for we are anxious that those women who wish to study medicine shall have a school where they can have good advantages, and yet not transgress the bounds of propriety and female delicacy, any further than has already been done.

AMERICAN MEDICAL ASSOCIATION.

It is known that the next meeting of the American Medical Association is to be held in San Francisco, California. We hope that the profession of the Eastern States will be well represented on that occasion, and that those who accept appointments as delegates, will either go themselves or provide substitutes. We understand that the Committee of Arrangements are in negotiation with the railway companies, and that tickets for the round trip will be procured at a moderate cost—

we hope soon to announce the sum. Let us have a fair representation of the profession of the cis-cordilleras on that occasion.

A correspondent in Illinois asks what the necessary steps are for membership in the Association. As the Constitution now reads, we believe that only delegates from medical societies and public institutions, and those who are elected by a vote of three-fourths of the members at a meeting, are entitled to membership. *After* that, membership can be kept up by *paying dues* annually. We have contended—and several years ago proposed an amendment to the Constitution for the purpose—that Boards of Examiners should be appointed, accepting the examinations of the Army and Navy Medical Boards, and appointing boards say, one to represent each United States judicial circuit of the Supreme Court. Let the degree issued on the recommendation of these boards be the criterion of a man's standing as a regular physician, and of his eligibility to appointment as a delegate to the meetings of the Association, and not as now, simply the possession of a diploma of a medical college, or membership of a medical society or staff of a public institution. We hope ere long to see some such plan adopted, as we are all at sea on the subject of qualifications of medical men, and will be until there is some approach to uniformity of standard, which can only be had through one body.

Notes and Comments.

A Sign of Death.

A Tennessee correspondent writes us:

"The skin of a dead person will neither blister nor become red upon being burned. The skin upon any part of the body that is only paralyzed will become red and blister on being burned."

This observation is not new, but it may be well to call attention to it again.

Curious Observation.

Our friend DR. HINCHMAN, of Grinnell, Iowa, relates the following observation in a letter to us:

"Some time since, while driving over the prairie, I noticed a man ahead of me mounted on what I supposed to be a large mule. On overtaking him I found he was riding a mulish looking horse, his tail being so exactly like a mule's as to give the impression from a stern view, at a little distance, that he was a mule. On inquiry, his owner stated that the dam of the horse having been put to a horse several

times and not breeding, was finally stunted to a jack, and raised a mule colt, after which she became with foal by a horse, and this hybrid-looking colt was the result; after which, as though ashamed of her progeny, she declined to breed any more, to either horse or jack. A further illustration is this of 'the influence of a first impregnation upon the subsequent progeny.'

American Physicians in Paris.

Among the Americans still remaining in Paris we notice the names of our friend Dr. JOHN SWINBURNE, recently Port Physician of New York; also Drs. J. Beylard, Edw'd A. Crane, Hermann, W. E. Johnson and C. W. Norcom. Some of our readers will remember a former occasion in which Dr. SWINBURNE had some experience "within the enemy's lines."

Nitrite of Amyl.

This ether has been known since 1844, but its use in medicine is of recent date. English physicians employ it largely as a remedy for asthma. For this purpose a few drops are poured upon a cloth and inhaled, the same as ordinary ether. It is apt to produce violent headaches, and must be inhaled with caution.

Hydrate of Chloral.

The *Scientific American* very properly comments as follows on the empirical use of what in proper hands is a very valuable remedy:

"The hydrate of chloral, about which so much has been written during the past year, has now reached the stage of a quack medicine, and, in the hands of designing or ignorant people, is likely to occasion much mischief. It is sold in fluid form as an anodyne, mixed with gum or sugar water, glycerine, or some tincture, and as the strength of the preparation is not given and it is liable to undergo spontaneous decomposition, the patient can never tell how much of a dose he is taking. A bottle of chloral, put up in the usual style of a popular medicine, which was sent to us six months ago for examination, has entirely decomposed, and it would be dangerous to use it, as the nature of the products of decomposition are not well understood. We must utter a note of warning that it is never safe to take the hydrate of chloral unless freshly prepared and upon prescription of a physician. It is a valuable hypnotic medicine, but is not to be trifled with."

New Remedies for Burns.

Two new remedies for burns, says the *Medical Press and Circular*, are added to the long list. The

first is charcoal. A piece of vegetable charcoal laid on a burn at once soothes the pain, says the *Gazette Médicale*, and if kept applied for an hour cures it completely. The second one is sulphate of iron. This was tried by M. JOLT, in the Children's Hospital, Lausanne. In this case a child, four years of age, had been extensively burnt, suppuration was abundant and so offensive that they ordered the child a tepid bath, containing a couple of pinches of sulphate of iron. This gave immediate relief to the pain, and being repeated twice a day—twenty minutes each bath—the suppuration decreased, lost its odor, and the child was soon convalescent.

Frendeet.

Sir S. W. BAKER, the famous African explorer, states in his exploration of the Nile tributaries, that he was often called upon, in his capacity of physician, to treat diseases among the natives; but there was one complaint that baffled all his skill, and he was obliged to leave it entirely to the Arabs. It is caused by drinking water from table land pools. Frendeet commences with a swelling of one of the limbs, with intense pain; this is caused by a worm, several feet in length, but no thicker than a pack-thread. The Arab cure is to blister the limb with cow dung, then prick the skin in many places with a red hot lance, to form doors, as they term them, for the escape of the worm. In about a week one of the wounds formed by the lance will inflame like a boil, and from it the head of the worm will issue, when it is seized and fastened to a small piece of wood, and gently wound daily, until, in the course of a week, the entire worm will be extracted, unless broken during the operation, in which case severe inflammation results.

The Cattle Disease.

The Cattle Disease, or "epizootic Aphtha," affecting the cows in New York and the New England States, has been traced to two sick animals imported last August from Liverpool to Canada. The contagion spread through both the Provinces of Canada, then to Oneida county, New York, and the affected cattle were brought to the Albany stock yards. From the latter place the diseased cows were taken to different places in New York and Connecticut, and the affection became general. The veterinary surgeon of the New York Agricultural Society advises that cooling, but not purgative medicines should be given, and that the sores should be washed with some mild carbolic acid preparation, or with a weak solution of sulphate of zinc.

Effects of Carbonic Acid.

According to Professor HUXLEY, the direct poisonous effects of carbonic acid have been greatly

exaggerated; for it has been found that air containing from fifteen to twenty per cent. of this gas may be breathed without producing any immediate evil effect, providing the quantity of oxygen in the air be increased in a like proportion. These experiments go to show that the destructive power of carbonic acid depends more on the fact that its presence in air renders the proportion of oxygen too small, and thus a species of suffocation or asphyxia is produced, together with any poisonous effects the gas may have. If the air were confined, as in badly ventilated rooms, the carbonic acid would continue to increase and the oxygen to diminish as long as the individual remained, and when ten per cent. of carbonic acid is thus added to the air, with the corresponding removal of oxygen, asphyxia will take place. When a much smaller proportion of pure air, say four per cent., is replaced by carbonic acid, headache and languidness are produced, and these often end in fainting.

Effects of Opium.

Dr. HUDSON, says in the *Pacific Medical and Surgical Journal*:

In the almost daily use of opiates for twenty-five years, they have sometimes surprised and alarmed me. Twice in private practice, and several times in the practice of the U. S. Vol. service, the effect produced upon the patient shortly after it was taken, was a frightful gastralgia, which resembled colic. Sulph. morphia produced it once; the other cases were from camphorated Dover's powder. This evil effect was at once relieved by a second dose, or a dose of black pepper or capsicum.

Apomorphia, the New Emetic.

Apomorphia is obtained by digesting morphia in concentrated hydrochloric acid, at a high temperature, for several hours. It differs chemically from morphia in containing an equivalent less of hydrogen and oxygen, or the elements of water. It is the most speedy and certain emetic known, and its action is not accompanied or followed by any baneful effects. The tenth of a grain of the hydrochlorate of apomorphia, or even less, is the dose required. It may be given with safety to children, and it acts more rapidly when hypodermically administered.

Pernicious Effects of Mercury Prevented by Sodium.

The pernicious effects of mercury on the general health of workmen employed in mirror factories is well known. According to recent observations the vapor of this metal is as injurious as its dust. M. CROOKS has discovered a means to reduce the deleterious action of the mercury dust; it is only

necessary to add to the mercury one-half per cent. of sodium. This improvement has already been tried in a few factories with the greatest success, and we would recommend manufacturers of mirrors to work their mercury with the addition of the aforesaid proportion of sodium.

Cider Treated with Sulphite of Lime.

Within a few years sulphite of lime has been used at the moment of fermentation of wine and cider, in order to prevent them from becoming acid. The wine or cider thus treated soon becomes clear and of agreeable taste. Those who drink it, however, after a short time complain of pains in the stomach, loss of appetite, etc.; this is natural, and may be thus explained: A certain quantity of sulphite of lime is dissolved by the wine or cider, and in a noticeable quantity. Analyses recently made have yielded about 30 centigrammes of sulphate in a pint of cider.

An Anti-Snorer.

To prevent sleeping with the mouth open, M. F. PINCKARD, of New Orleans, La., has patented the "Sanitary Brace." Its operation is to prevent the dropping of the jaw and opening of the mouth during sleep. It has also been suggested that the device would be a preventive of snoring, as it is asserted that people do not snore when the mouth is not open.

Correspondence.

DOMESTIC.

On the Treatment of Scarlet Fever.

EDS. MED. & SURG. REPORTER:

In your journal of Dec. 24th, I find an exceedingly captious communication by Dr. H. CONSON, under the somewhat satirical heading "Scarlet Fever and its Treatment without Ice!"

Passing by the style of which his whole article strongly partakes, I will merely observe that if the doctor had been a little more attentive in the perusal of my letter as quoted by Dr. BRADLEY (guided by the author instead of the reporter), it would have proved a saving to him of ink, paper and time, to say nothing of the hypercritical effusion, which necessarily fell to the ground in consequence of aforesaid inadvertence. But to explain, vide, first sentence of my report, as given by Dr. Bradley, and as embodied in *Transactions of the State Medical Society, Pa., 1871*, viz: "From disease, epidemic and endemic in origin, we have enjoyed comparatively an immunity, pertussis and influenza forming the only exception," etc. Had the doctor also referred

to the catalogue of members of district societies and geographical charts, he would have made the discovery that Bloomsburgh, Dr. B's residence, is distant twelve miles from Berwick, and taking into consideration the tendency of scarlatina epidemics for traversing narrow belts of country, he would have easily reached the conclusion, that "the man who was in the midst of the sad havoc committed" did not reside in Berwick. The epidemic did not come within eight miles of us, a few light sporadic cases coming within my observation, and requiring no treatment save judicious nursing.

But as the doctor says, he is "unused to review the writings of others or to criticize their doings," I will pass by without further comment this blunder of his critical novitiate, to notice some other prominent points of his communication.

I do not wish it understood that I am essaying to uphold the reticence of the profession, in not giving full and minute reports of subjects of vital interest to the advancement of our art, but there is a disposition too prevalent in the profession to undervalue the honest efforts and opinions of our brethren in order to give prominence to some peculiar dogma of our own.

In regard to the sulphite of soda as a *panacea* in the treatment of disease (as the doctor's criticism would seem to imply), I did not intend, neither does my report extol it to that extent, but on the contrary specifies in what morbid conditions I have found it useful.

Now in regard to scarlet fever, which seems to have been a special subject of study by the doctor for the past 26 years. Have all those long years of deep study and scientific research, conjoined with practical experiment, resulted in the startling discovery that that fearful scourge of childhood, "scarletina," is after all only a local phlegmasia, and that "constitutional treatment must be abandoned." Have all those faithful investigations culminated in making the astounding denouement that ice is the grand specific for that scourge which annually claims its victims by thousands! But let us revert to some of the doctor's other writings on this very important subject. In the *Transactions of the State Medical Society of Pennsylvania*, 1867, he says (after very properly giving the mode of local applications of ice), the following treatment was adopted, viz.: "The bowels were kept in a laxative state by mild purgations, and chlorate of potass. or muriated tincture of iron, well diluted, were used internally." Does this look like abandoning "constitutional treatment?" This treatment was extraordinarily successful, for out of 42 cases treated only one (a neglected child) perished. Why then, only three years later, does he insist on abandoning "constitutional treatment?" We await with some anxiety the explanation.

I am of the opinion that ice, like many other sedative remedial agents, is invaluable when used with discrimination. I have used it in many cases of scarlet fever and other fevers, in fact, during the whole career as a practitioner of medicine, and often with very gratifying results. It certainly acts charmingly in certain local phlegmasias, like the cynanche pharyngea of scarlet fever, but my experience with it does not lead me to ascribe to it attributes other than that of an efficient palliative.

I endorse the opinion that scarlet fever is a disease zymotic in origin, the ferment, or whatever the peculiar morbid element may be, finding its way into the circulatory system by inhalation, and like some other fevers (enteric for example,) having a tendency to produce local mischief. It seems to me that the toxical element of the disease affects prominently the capillary system, both without and within, many cases exhibiting disorganizing processes going on in the throat, some in the brain and some in the portal circulation, as evinced by incessant vomiting and purging. In this latter form the eruption being very scanty, unless developed, not by ice, but by the hot bath and other external stimulating applications. In this latter class of cases we have no prominent throat affection, in fact, there is no time for inflammation to go through its different stages, for, unless the little patient is relieved of the intense internal congestion, death ensues often in less than twenty-four hours from the onset of the disease, nature being utterly exhausted in her efforts at elimination of the poison.

During my residence in Jersey City, we were visited in the latter part of the winter and spring of 1859, by a severe and exceedingly fatal epidemic of scarlatina, it assuming a malignant or non-malignant aspect, according to the locality in which it was developed. Being City Physician at the time, it fell to my lot to attend many cases of the malignant type. In all of these cases the eruption was very scanty and of a dull leaden hue, the appearance of the tongue and fauces as characteristic of the disease. The little patient would be seized with shiverings, quickly followed with delirium of a low adynamic type, exceedingly hot dry skin over the trunk, with cold extremities, incessant vomiting and purging, and collapse in a few hours, unless I succeeded in bringing the eruption to the surface, thereby relieving the internal congestion, as I was fortunate enough to do in a few cases, by means of hot baths and external stimulating applications. As soon as the stomach became retentive, I administered the carb. ammonia and a strongly concentrated animal diet, which seemed to favor and maintain the eruption; the symptoms subsequently assuming more of the anginous variety, but requiring supporting and stimulating treatment until convalescence was fairly established.

When we take into consideration the many modifying influences which seem to regulate the nature or type of epidemics, it is reasonable to suppose that there can be no stereotyped treatment. Locality may modify the character of the disease. Certain atmospheric conditions may favor the intensity of the poison which contaminates the blood of our patients. Malaria may have previously poisoned the vital fluid, thereby rendering it more susceptible, and when attacked less able to resist the effects of the subtle poison.

In this absence of positive knowledge of the exact nature of the cause, and its peculiar "modus operandi," our attention to symptomatology must be exact, in order to accomplish successful therapeutical management of disease. We must not be content merely in understanding the treatment of disease in general, but also in the abstract, or as developed by the case in hand. Disease does not assume one unvaried, monotonous exhibition of phenomena, requiring the same persistent course of therapeutics, and he who steps into the arena of medicine with the expectation that it teems with specifics, had far better "throw his physic to the dogs," than assume the responsibility. It should be the life-long study of the votaries of our art, to add to its progressiveness, but it should also be borne in mind that so long as the theories of etiology are so largely speculative, therapeutics cannot be ranked among the exact sciences.

P. M. SENDERLING.

Berwick, Pa., Jan., 1871.

Is Scarlet Fever Contagious?

EDS. MED. AND SURG. REPORTER:

While practicing in Bloomsburg, Pa., and vicinity, I was called on the 26th of Jan., 1853, to see Elias Mase, living near Espy, aged about 25 years; disease scarlet fever. The rash was well out and the symptoms generally favorable. I saw him again on the 28th. The case well marked but not dangerous. Three days later, I was summoned in haste to see his daughter in convulsions, an only child, aged 2 years and 24 days, with the same disease. Symptoms every way violent. The lymphatic glands of the neck already poisoned, with considerable tumefaction, and a somewhat livid rash appearing. Saw the child also February the 1st, 2d, 3d, 4th and 5th, when death ensued. Mase, the father, 10 days previous to his attack, attended, near Mifflinville, the funeral of his sister who died of scarlet fever, others of the family also having the disease, as reported to me at the time. The evidence of contagion was such in these cases that great care was exercised to prevent its spreading, which was successful. For months previous, and during the spring following, there was not a case of the disease

anywhere in that region. Having been obliged to "change my base" somewhat, at different times, I therefore feel much interested in anything pertaining to this disease, which is being so fully discussed by your able correspondents. I have had encounters with a number of epidemics, some comparatively easy to contend with, whilst others have been fearful in the extreme.

A certain line of treatment may do well to run one epidemic, but fail badly in the next.

Ice and sponging may chill and soak the fever, (only a result), out of some cases, in one epidemic, even many, when well timed, and do wonders. When, in another, in many cases at least, it will only too soon destroy the equilibrium between the skin and the great nervous centre, and fatal congestion quickly end the scene. In January and March, 1839, my cases, during the acme of the epidemic, were almost exceptions, that did not affect the lymphatic glands of the neck almost simultaneously with the appearance of the rash. And the tumefaction in many cases was so extreme, that the head was thrown back to its utmost. And in some of the fatal cases, suppuration and ulceration at length exposed, as in the most perfect dissection, the muscles and other solid tissues of the neck and throat. The question arises, what is the disease *per se*?

Is it the rash, the fever, the irritation, inflammation or ulceration of the throat; or, forsooth, the secret working of some unknown poison impinging primarily—where? Let microcopy come to the rescue.

The only justifiable course in our *learned ignorance*, is to keep the eye single to well understood general principles for meeting the erratic outcroppings of this protean disease. Experience has convinced me that it is in some instances very contagious: that as an epidemic it rapidly increases in severity until it reaches its acme, and then gradually declines until the cases become no longer formidable.

GEORGE HILL, M. D.

Hughesville, Pa., Jan. 5, 1871.

Treatment of Diarrhoea.

EDS. MED. AND SURG. REPORTER:

I beg to make the following suggestion:

Softens some resin by melting it with a little lard. Make it soft enough to form it into pills. Then take forty-eight grains of the resin and four grains of nit. silver finely pulverized, mix intimately, and make eight pills. Give them once in eight hours. Give them when the stomach is empty.

I have used these pills a long time and do not remember a case in which they failed of producing a cure.

They have proved also an excellent remedy for dysentery. The resin will not dissolve in the

stomach, but will dissolve in the intestines. A six grain pill of this resin will dissolve while passing through the alimentary canal. The nitrate of silver in this way is conveyed chemically unchanged to the part that is diseased. If it is given according to the usual methods, it undergoes a chemical change, and is not nitrate of silver when it reaches the afflicted part. G. M. NOBLE, M. D.

Wallingford, Vt., Jan., 1871.

NEWS AND MISCELLANY.

[We cull the following items from the *College Courant*, published at New Haven, Conn., by Chatfield & Co. The *Courant* is a very valuable paper to the professional man and scholar, giving much general information weekly on college matters. It is not simply a local paper, but is wide-awake on all college, literary and scientific matters. Physicians would find it profitable to patronize it.]

—The annual course of lectures at the medical school at Bowdoin College will begin February 16.

—The alumni of Rush Medical College hold their annual meeting on Wednesday, February 1, at 10 o'clock. Prof. Freer will present several vivisections of great interest and value.

—The faculty of the Medical College of Virginia, at Richmond, have elected Dr. Peter Taliaferro medical superintendent of the college infirmary, vice Dr. Isaiah White, who declined a reelection.

—The "O'Fallon Dispensary" of the St. Louis Medical School commemorates the generosity of Col. John O'Fallon, who presented the same to the university on the sole condition that it should bear his name.

—Great public excitement was aroused at Iowa City, recently, by the discovery that some medical students of the State University had dissected and partly dissected the body of a Mrs. Derick, an estimable lady whose funeral had been attended largely by the citizens.

—The male medical students of Edinburgh having barred the academic gates against their fellow-pupils of the weaker sex, and otherwise demeaned themselves in an offensive manner, sundry exceedingly stern, elderly females have organized a protective brigade to escort the young ladies to college and back.

—The annual commencement of the Albany Medical College has just been held in the Assembly Chamber. Rev. Mr. Smart delivered the address to the graduates. William Hailes, of Albany, delivered the valedictory address, and Mr. Kinnear read an essay. President Aiken, of Union College, was present, and took part in the exercises.

—Dr. E. S. HULL, of Alton, Ill., holds the position of lecturer on horticulture in the State Industrial University. He is also State Horticulturist.

—The regents of the University of California refuse the munificent bequest of Dr. TOLAND, simply because he requested them to allow his name to be attached to the department.

WORDS OF ENCOURAGEMENT.

Dr. S. H. B., O., says: "The money invested in the *REPORTER* yields a greater per cent. for its readers in the getting of medical knowledge than any other investment of the same amount they can make."

Dr. S. F. S., Texas, says: "Although I take regularly some half dozen medical journals, I esteem yours as at the head of the list."

Dr. J. F. S., Ind., in making his annual remittance for the *REPORTER*, COMPENDIUM AND POCKET RECORD, says: "I can only reiterate the assertions of hundreds of others, that the above works are invaluable, and that no 'live' physician will be without them after once becoming acquainted with them."

QUERIES AND REPLIES.

Pessaries.

Dr. S. J., of Arkansas.—We believe the *Globe Pessary* as good as any for the generality of cases. Among others Dr. W. R. VanHook, of Buffalo, Ill., writes thus: "I have ordered the gutta percha globes of you several times, and found them to answer well in the cases to which they were suited."

The Eye.

Dr. A. C. D., of Rhode Island.—We prefer Lawrence and Moon's work on the eye.

Irregularities.

Dr. A. O. N., of New York.—It is to be regretted that deans of colleges do not scrutinize more closely the antecedents of matriculants. We have heretofore called attention to the ill effects of this negligence. But in the case of Dr. C., of which you give us the history, we do see that the college was to blame, as it had no means of knowing that he intended to practice irregularly after graduation.

Dr. W. C. H. N., O.—Your *Bazar* was promptly ordered, and I have no doubt you will receive it in due time. All publishers are overwhelmed with work at this season of the year, which occasions some delay in filling orders.

MARRIED.

DICKSON—FARAN.—At the residence of the bride's parents, in Cincinnati, January 4th, 1871, by the Rev. Thomas S. Yocom, Dr. J. Murray Dickson, U. S. A., and Luella, second daughter of Hon. James J. Faran.

HEWITT—GOODWIN.—On the 29th of December, 1870, by the Rev. C. E. Felton, at the Union M. E. Church, in this city, Dr. H. L. Hewitt, of Louisville, Ky., and Miss Lizzie S. Goodwin, of St. Louis.

DIED.

APPLETON.—On the 8th instant, at Helena, Tama county, Iowa, Mary, wife of Richard W. Appleton, M. D. GILMAN.—In Worcester, Mass., Dec. 26, of heart disease, Cora E. Gilman, daughter of Dr. J. E. and Mary D. Gilman, formerly of Marietta, O.

McCUNE.—Recently, at his residence, in Kentucky, near Portsmouth, O., three miles above the city, Dr. J. A. McCune, in his 58th year.

McGIBB.—In Pittsburgh, Oct. 23d, Dr. John E. McGibb. NALL.—Of pulmonary consumption, at the residence of his brother, Alfred Nall, in Nelson county, Ky., Dr. Burr F. Nall, in the 38th year of his age.

ENOADS.—In this city, First-day, 15th inst., Edward Rhoads, M. D., aged 29 years, of heart disease.

Dr. Rhoads was a young man of character, who had laboriously laid, and well laid the foundation for usefulness and distinction in his profession, to which his early death, though his gain, is a loss. Dr. Rhoads was a chief promoter, and one of the editors of the new journal, the *Medical Times* of this city.

WOOD.—In Cincinnati, January 14th, Libbie B., eldest daughter of Dr. T. and E. J. Wood, aged 11 years.